

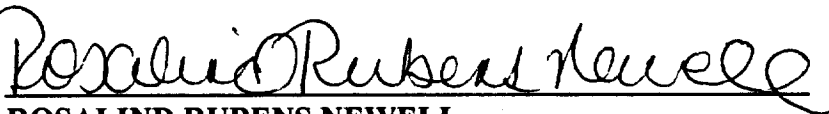
01-R -1058

Entered - 06/21/01 - sb
CL01L0393 - DIANNE C. MITCHELL

CLAIM OF: **JERRY DAVID AND MARJORIE VICKERY,**
through their insurance carrier,
Prudential Insurance Company
P. O. Box 957
Horsham, PA 19044-0984

For damages alleged to have been sustained as a vehicular accident
on February 23, 2001 at 621 Burke Road, NE.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0393

Date: June 27, 2001

Claimant /Victim JERRY DAVID AND MARJORIE VICKERY
BY: (Ins. Co.) Prudential Insurance Company
Address: P. O. Box 957, Horsham PA 19044-0984
Subrogation: X Claim for Property damage \$ 2,355.71 Bodily Injury \$ _____
Date of Notice: 06/20/01 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 02/23/01 Place: 621 Burke Road, NE
Department Police Division: _____
Employee involved G. P. Broom Disciplinary Action: Not Action Taken

NATURE OF CLAIM: The claimant alleges that their vehicle was damaged in a vehicular accident with a City Police vehicle. The investigation determined that the driver of the claimants' vehicle pulled to curb as if to park and as the officer proceeded to continue in a straight path, the driver of the claimants' vehicle attempted to make a sharp left turn back into traffic as if to make a U-Turn. The driver of the claimants' vehicle was negligent in causing this accident.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report X Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

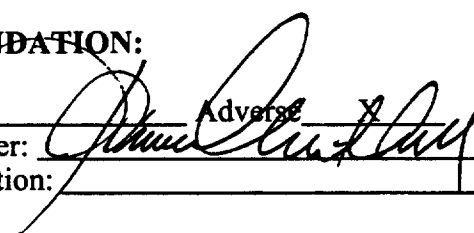
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 06-27-01
Committee Action: _____ Council Action _____



Prudential

Merastar Insurance Company

P.O. BOX 957
HORSHAM, PA 19044-0984
800-247-8276

May 24, 2001

M. Hill
06/20/01

DM

City of Atlanta Attn Pd Claims Police Vehicles
2581 Piedmont Road
Ne Atlanta, GA 30324-

ENTERED - 6-21-01 - SB
01L0393 - DIANNE MITCHELL

Claim Number: 22V03500B - 92024
Date of Loss: February 23, 2001
Insured: Vickery, Jerry David & Marjorie
Claimant: Atlanta Police Department
Policy Number: A10000701

Your Insured: Atlanta Police Department
Your Claim Number: dol 2/23/01
Location of Loss: Burke Rd NE and Tim Valley Rd NE
Amount of Loss: \$2,355.71

Dear Sir/Madam:

Our investigation indicates that Atlanta Police Department, who you insure, is responsible for the damages sustained by Vickery, Jerry David & Marjorie in the accident described above. This accident occurred as a result of your police vehicle passing our insured's vehicle on the left while our insured was turning.

This is to notify you of our subrogation interests by virtue of payment under the terms of our policy. Enclosed are supporting papers to document the amount of damages. Please send us your check for \$2,355.71, which includes the deductible amount, payable to Prudential Property and Casualty Insurance Company as Subrogee of Vickery, Jerry David & Marjorie. Remember to include our claim number 22V03500B, on the check. Since we occasionally waive our insured's deductible, please send all money owed directly to Prudential.

If you have any questions, you're welcome to call me at (800) 247-8276, ext. 5958, between 8:00 a.m. and 4:00 p.m. Eastern time, Monday through Friday. I can also be contacted by Fax or my Internet email address. Both are provided below for your convenience.

Sincerely,

Nancy Hoffman
Nancy Hoffman
Claims Representative
Fax: (215) 658-5975
email: nancy.hoffman@prudential.com

01-R-1058